

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40829

State File No. _____

FILED DEC 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registered No. <u>520</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler 0124</u>				2. USUAL RESIDENCE (Where'domiciled lived? If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff - 01 357 24</u>		d. STREET ADDRESS (If rural, give location) <u>503 Cleaveland</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE LESLIE</u> b. (Middle) <u>WORSHAM</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2, 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 8, 1909</u>		
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gas Station attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sales</u>		11. BIRTHPLACE (State or foreign country) <u>West Frankfort, Ill.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Grover Worsham</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Clide Marvel</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Petka Worsham</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes US NAVY</u>		16. SOCIAL SECURITY NO. <u>354-10-6796</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Irene Worsham Poplar Bluff,</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot Wound in head</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E-9190-19</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff 128 Butler Mo</u>		21f. HOW DID INJURY OCCUR? <u>Had been cleaning a 38 Rem. and not remem. the phasis</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Dec 2 1951 8:50 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <u>8:50 p.m.</u> , from the causes and on the date stated above.				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.				23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		
23c. DATE SIGNED <u>12/8-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6 Dec 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Rural Poplar Bluff, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Gotrell</u> ADDRESS <u>Poplar Bluff Mo</u>		DATE REC'D BY LOCAL REG. <u>Dec 10 1951</u> REGISTRAR'S SIGNATURE <u>[Signature]</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 20 1951

BUTLER CO. HEALTH CENTER

FILE No. 1251-557

DEC 28 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed (Signature) R. K. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.